

JAY DARDENNE  
SECRETARY OF STATE

STATE OF LOUISIANA  
SECRETARY OF STATE



Commercial  
(225) 925-4704

Administrative Services  
(225) 925-4704

Fax  
(225) 925-4726  
(225) 922-0435

Uniform Commercial Code  
(225) 922-1193

Fax  
(225) 922-0452

**TRANSMITTAL INFORMATION  
For All Business Filings**

***Registered agent, officer, entity status information available via the Internet***

Business Name (List ***exactly*** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Daytime phone number

Address

City

State

Zip Code

**NOTE: Louisiana notaries must print or type their name and include their notary or bar roll number.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8549 United Plaza Blvd., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

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Uniform Commercial Code  
(225) 342-5542

Fax  
(225) 342-7011

**FOREIGN QUALIFICATION QUESTIONNAIRE**

The purpose of the following questionnaire is to determine whether your corporation or limited liability company is, or would have been, exempt from the registration requirements of the Louisiana Code pursuant to Section R.S. 12:314.1 or 12:1342. These questions should be answered separately and fully, in writing, signed by an appropriate officer of the corporation; manager or member of the limited liability company, and returned to this office at the address below. Please use additional pages if necessary and feel free to attach any supporting documents or affidavits which you feel may be relevant to any claimed exemption.

**PLEASE GIVE AN EXPLANATION FOR EVERY QUESTION, NOT JUST A YES OR NO ANSWER.**

SECRETARY OF STATE  
ATTN: COMMERCIAL DIVISION  
P. O. BOX 94125  
BATON ROUGE, LA 70804-9125

1. State the full name of the corporation/limited liability company, the address of the principal office, the state of organization, and the telephone number.
2. Give a brief description of all current and/or prior activities carried on by your company in the State of Louisiana. (Describe anticipated activities if the company does not currently operate in the State of Louisiana.)
3. List all current and/or prior business locations in the State of Louisiana.

4. Does the company maintain or has it ever maintained any employees or agents in the State of Louisiana? If so, please describe their responsibilities.
5. Does the company currently, or has it ever, advertised in the State of Louisiana?
6. Does the company currently, or has it ever, sold any products or rendered any services in the State of Louisiana? If so, please describe the nature of such sales or services.
7. Has the company ever made collections in the State of Louisiana?
8. Does the company manufacture, or has it ever manufactured, any goods in the State of Louisiana?
9. Does the company maintain, or has it ever maintained any warehouses or stored any goods in the State of Louisiana?
10. Does the company currently, or has it ever negotiated and/or made contracts in the State of Louisiana? If so, please state the nature of such contracts. **IF NOT, PLEASE STATE HOW CONTRACTS WITH LOUISIANA CUSTOMERS ARE MADE OUT OF STATE. (EXPLAIN IN DETAIL).**

11. Does the corporation intend to contract with the State of Louisiana, (i.e. with a government agency)? (Not applicable for limited liability companies.)
12. Are deliveries made, or have they ever been made, in the State of Louisiana from your place of business?
13. Does your company currently, or has it ever, installed, maintained or repaired any equipment in the State of Louisiana?
14. Does your company currently, or has it ever, leased equipment in the State of Louisiana?
15. Is marketing of your products or services currently being, or has it ever been, conducted in the State of Louisiana?
16. Does the company have any assets or own any real or personal property in the State of Louisiana?  
If so, please list all assets owned by the company in the State of Louisiana.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer or Member/Manager

\_\_\_\_\_  
Title